

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

32399

1. PLACE OF DEATH

County Jackson
Township Haw
City N. E. Mo.

Registration District No. 399
Primary Registration District No. 1008
(No. 1853 Jefferson

File No. _____
Registered No. 3238
St. _____ Ward _____

2. FULL NAME

Charles R. Anderson
(a) Residence, No. 1853 Jefferson St., _____ Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nancy Jane Anderson</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 18 - 1854</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>3</u>
	DAYS <u>1</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Furniture Dealer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	13. NAME <u>no record</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no record</u>
	15. MAIDEN NAME <u>no record</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no record</u>
	17. INFORMANT (ADDRESS) <u>John C. Hicks</u> <u>2939 - 8 - 24th St.</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park</u> DATE <u>Oct - 21</u> 19 <u>32</u>
	19. UNDERTAKER (ADDRESS) <u>Mrs. C. L. Foster</u> <u>10/19 - 32 - m. m. Crowe</u>
20. FILED	<u>10/19</u> 19 <u>32</u> - m. m. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/19 1932

22. I HEREBY CERTIFY That I attended deceased from Dr. Supply Coover to Coover, 1932

I last saw him alive on _____, 1932. Death is said to have occurred on the date stated above, at 6:00 p.m.

The principal cause of death and related causes of importance were as follows:

apoplexy

Other contributory causes of importance:

991079

Name of operation _____ Date of _____

What test confirmed diagnosis autopsy Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1932
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Dr. Supply Coover M. D.
(Address) _____

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

